



NH Department of Health and Human Services (DHHS)

Medicaid Care Management
Information Meeting

June 13, 2012

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NH Medicaid Care Management

- This evening's presentation is to let you know:
 - About upcoming changes to our Medicaid program
 - How the new program is different from what we have today
 - About the timelines for enrollment
- Give you the chance to ask questions



What is Medicaid in NH?

- NH Medicaid is a safety net of health related services for people who meet certain income and eligibility requirements
- The program provides health care services and other supports for women and children and individuals who are elderly or disabled

Why is NH's Medicaid Program Being Changed?



- Governor Lynch and NH Legislature passed new law establishing Medicaid care management program
 - Chapter Law 125, Laws of 2011 (SB 147)
- Law requires the Department of Health & Human Services (DHHS) to set up a managed care program
 - We call it **Care Management**
- The goal is to improve access to care, quality of care and overall health status, while at the same time improving cost effectiveness
- The Department is launching these sessions to begin to share information with those on Medicaid

Care Management Program Implementation



DHHS is implementing Care Management in three-steps:

- **Step 1** (This year):
 - The program includes everyone who is receiving Medicaid funded health care (with some exceptions)
- **Step 2** (Next year):
 - The program becomes mandatory for everyone receiving Medicaid (no opting out)
 - Medicaid Waiver and nursing home services are added
- **Step 3** (2014):
 - Affordable Care Act will expand Medicaid to include adults who fall below certain income levels
 - (~\$15,000/yr for single, ~\$30,000/yr for family of 4)



We are here this evening
to talk about Step 1



Who is included in Step 1?

There are two groups in Step 1:

- **Included:** Everyone using Medicaid
- **Can Opt-out *during Step 1:***
 - Children in Foster Care
 - Children with special health care needs
 - Home care for children with severe disabilities-
Katie Beckett
 - Children with Supplemental Security Income (SSI)
 - Dual Medicare and Medicaid eligible



Who's excluded?

Individuals in the following categories:

- Spend-down
- Veterans Administration
- Qualified Medicare Beneficiaries (QMB)
- Special Low-Income Medicare Beneficiaries (SLMB)
- Qualified Disabled Working Individual (QDWI)

These programs remain the same as they are today.

What services are included in Step 1?



- Doctors visits
- In-patient and out- patient hospital visits
- Prescriptions
- Mental health services
- Family planning
- Home health services
- Speech therapy
- Audiology services
- Durable medical equipment
- Physical therapy
- Occupational therapy
- Personal care services
- Private duty nursing
- Adult medical day care
- Ambulance services
- Wheelchair van
- Optometric services (eye glasses)
- Fluoride varnish by doctor for children

Note: These services provided today with the exception of fluoride varnish by doctor for children



What is different or same?



Now

- We (DHHS) handle Medicaid eligibility
- Standard set of services
- We issue Medicaid cards
- Individuals go to multiple places for care (uncoordinated)
- We pay doctors and hospitals directly

Care Management

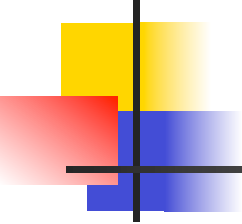
- We (DHHS) continue to handle Medicaid eligibility
- Standard services remain the same
- You pick a health plan. The managed care company also sends you a card
- You pick a primary care doctor or clinic from the company's provider list
- The managed care company coordinates your care in consultation with you and your doctor
- The company pays doctors and hospitals



What is a Managed Care Organization (MCO)?



MCOs are companies that contract with doctors, nurses and other providers -who work together- to provide your health care. While often referred to as MCOs, we will refer to the companies as Health Plans.



Let's look at some examples of individual situations to better understand Care Management and its potential benefits

Adult with Mental Health needs



- 55 year old experiencing severe anxiety and depression
 - Her primary care physician began to prescribe medications for her anxiety and depression
- Has high blood pressure, high cholesterol, and been struggling with severe weight problems
- Began to see a private independent psychotherapist who referred her to an independent psychiatrist
- The psychiatrist took over prescribing the medications for symptoms of anxiety and depression.
 - The primary care doctor continued to prescribe the same medications
- Experienced serious medical and cognitive complications from overuse of the medication and was admitted to inpatient care

Adult with BH/MH needs under Care Management



- The **care manager** will reach out to the person to assist with referral and linkage to appropriate care providers
- The care manager will have the ability to review all standing orders for treatment and medications
- The care manager will have seen the request for payment on the duplicate prescriptions
- The care manager is expected to have contacted the primary care and pharmacy to terminate the duplicate psychiatric medication order



Child with chronic health issues

- An eight-year-old boy with poorly controlled asthma
- Does not have a regular primary care physician
- On medication for treatment of his asthma, including inhalers
 - But does not use them correctly
- Lives with his single father in an old, carpeted, poorly ventilated apartment
- In the last year he has had four emergency room visits, requiring emergency treatment for breathing difficulties

Child with chronic health issues under Care Management



- Care management would identify and connect the family with a **primary care provider (PCP)**
- Review current medications and father's level of understanding about asthma treatment
- Evaluate asthma triggers within the home and provide education to father
- Asthma **plan of care** outlines responsibilities of all involved care partners
 - Including family, school, child care providers, health care providers and other community resources, such recreation programs
 - Improving overall **care coordination**



Teen with Autism

- 15-year-old with autism and anxiety
- Recently started having seizures
- Evaluated by a neurologist in Boston and started on seizure meds
 - Took three months for the appointment with the neurologist.
- Was not responsive to the first trial of seizure medications and had a prolonged seizure at school.
 - The school was not aware that she had a medication order from the neurologist to be used on an as needed basis, which would have stopped the seizure
 - She was taken to the emergency room by ambulance
 - Neurologist made a change in seizure medications, which resulted in increased anxiety
- Her school attendance and performance has suffered as a result and her parents have missed several days at work

Teen with Autism under Care Management



- **Coordination between primary care physician and specialist** for management of anxiety
 - Making sure neurologist is aware of diagnosis of Autism and issues around anxiety to facilitate informed choice of seizure medications to avoid negative interactions
- Ensure communication with the school regarding treatment
- Increased co-management between primary care physician and specialist could have resulted in family not needing to wait for the neurological appointment or travel as far
- **Seizure treatment plan** outlines responsibilities for all involved care partners including family, school, health care providers and other community resources

Woman with Developmental Disability (DD)/Intellectual Disability (ID)



- Fifty year-old woman with Down Syndrome
 - Has a thyroid disorder and is overweight
- She has recently become irritable and forgetful and has stopped wanting to go to work or participate in her walking group
- Has not received regular health and wellness screenings appropriate for women her age
- She has been to see her primary care physician who told her mother that these symptoms are not unusual for an older woman with Down Syndrome.

Woman with DD/ID under Care Management



- Care management would offer standard medical evaluation
 - Ensure full complement of **typical health and wellness screenings** such as mammogram, colonoscopy, gynecologic screenings
- Treatment of thyroid condition
- Depression screening
- After ruling out medical causes for recent changes in function and mental status, consider neurological evaluation to identify possibility of early onset dementia



Elderly with medical issues

- 87-year-old woman with advanced Multiple Sclerosis
- Utilizes a combination of services to live in her home by herself
- Developed many medical complications due to inconsistent care provided through paid and unpaid caregivers
 - Inpatient admissions for management and resolution of medical problems



Elderly with medical issues under Care Management



- Better coordination of services could lead to her care being provided in a more consistent manner
- Would decrease or eliminate the now frequent acute care needs and inpatient stays
- Coordination would include the development of a comprehensive service plan with provisions for safety/emergency so that she can safely remain in the community

Critical Elements of Care Management



■ Care Coordination

- Across all need areas (physical health, mental health, social)
- Across all providers (getting all providers to communicate and collaborate with each other)
- Facilitating accessing of services and achieving outcomes
- Link people with other state, local, and community programs that may provide or assist with related health and social services
- Helping individuals to acquire self-care skills
- Supporting care-giving families



Critical Elements of Care Management



■ Patient-Centered Medical Homes

- Connection to a Primary Care Provider (PCP)
- Person's needs are the focus of the care
- Screenings and assessments to identify person's health care needs
- Monitoring and reassessing needs
- Evidence-based practices (using proven successful methods of care)
- Integration of primary care and mental health services

Critical Elements of Care Management



■ Chronic Care and High Risk Management Programs

- Assist individuals in the management of their chronic diseases
 - Diabetes, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Asthma, Coronary Artery Disease, Obesity, and Mental Illness
- Use “whole person” approach to ensure that the person’s physical, behavioral, developmental, and psychosocial needs are comprehensively addressed

Critical Elements of Care Management



■ Wellness and Prevention programs

- Provide individuals with general health information
- Provide services to help people make informed decisions about their health care needs
- Encourage individuals to take an active role in shared decision making about their care
- Develop and implement programs designed to address childhood and adult obesity, smoking cessation, and other similar type wellness and prevention programs
- Encourage individuals to complete an annual health risk assessment



Critical Elements of Care Management



These elements are not options.
They are contractual requirements
to which the Health Plans will be
held accountable to by the State.



Who are the three Health Plans?

- Boston Medical Center Health Plan
- Granite Care-Meridian Health Plan of New Hampshire
- Granite State Health Plan (Centene Corp)

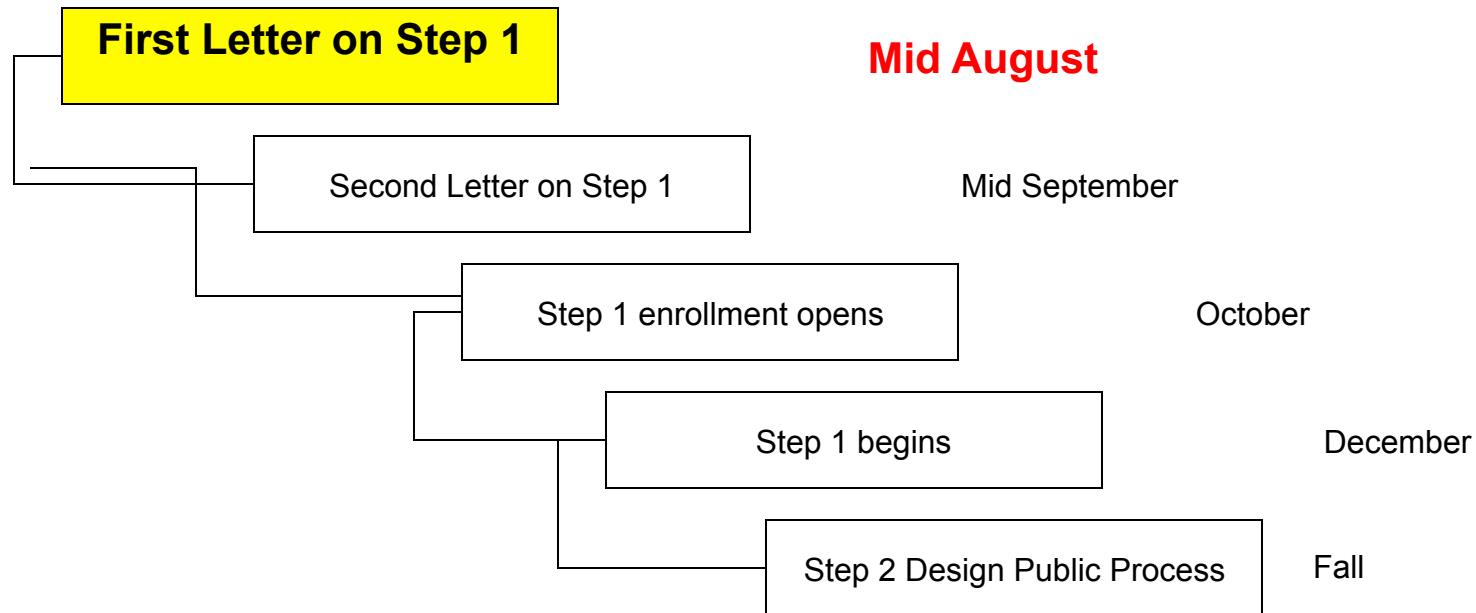


Care Management

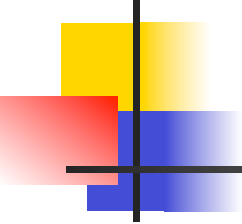


Timeline for Step 1 2012

Care Management Timeline 2012



Dates subject to change pending
Centers for Medicare & Medicaid Approval

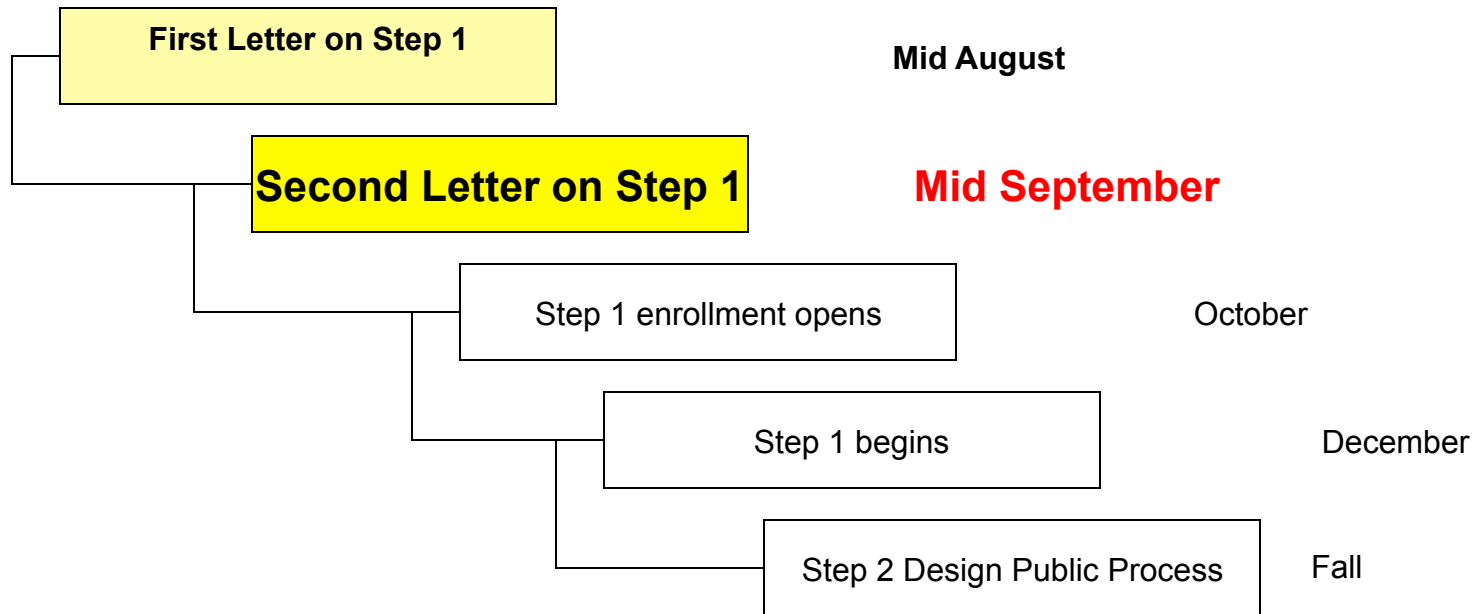


We send you a letter in Mid-August on Step 1



- **Does not require you to take any action**
- Informs you of upcoming changes to the Medicaid program
- Provides information on next steps
- Provides how to get more information

Care Management Timeline 2012



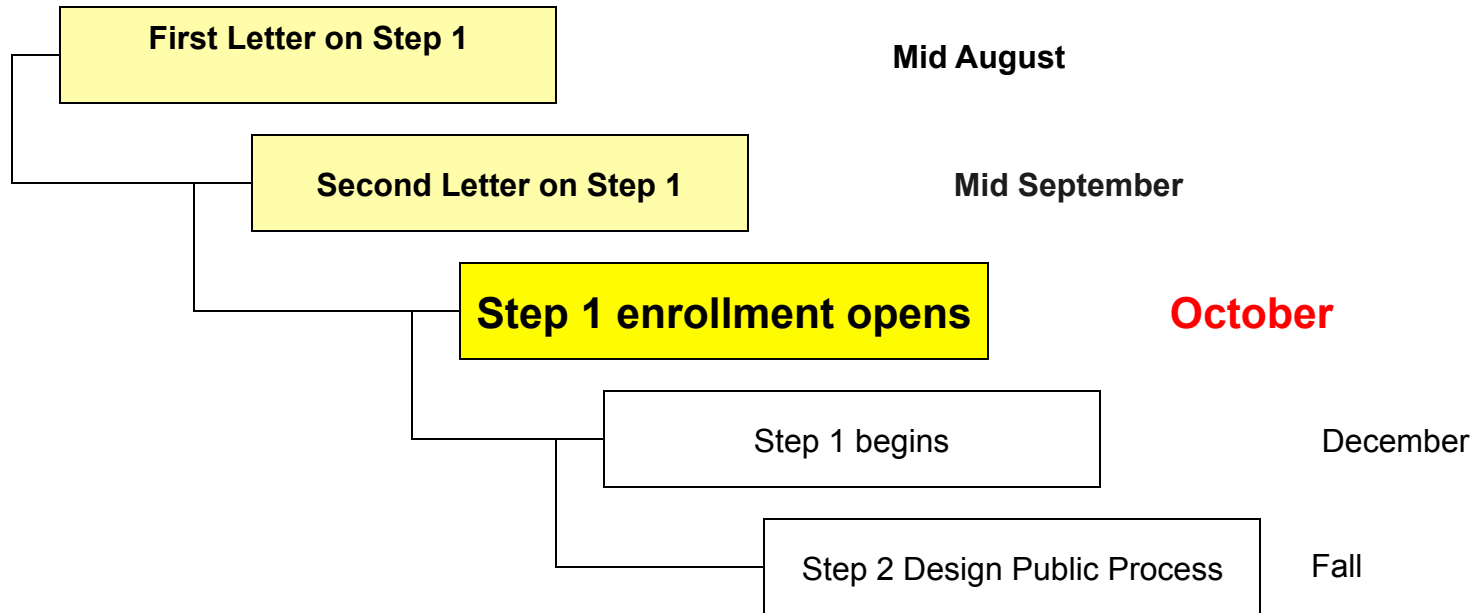


We send a second letter on **Step** 1: Mid-September



- Provides information about the three managed care companies
- Provides more detailed information about when and how to pick a managed care company
- Gives updated information on the timeline
- Provides contact information to get help

Care Management Timeline 2012





Enrollment begins: October

Action Required: You will need to pick a managed care company. If you don't, we will pick one for you.

- Everyone who uses Medicaid begins to pick among the three managed care companies via mail, NH Easy, telephone
- We (the Department) will provide information about the three companies to help you pick one.
- When you choose a company, the company will send you a card that you will use when you go to a doctor or clinic for health services to use along with your Medicaid card.



How do I choose a Managed Care Plan?

All three companies cover the same basic services.

- Do you want to keep your current doctor or clinic?
- Do you see a specialty doctor?

Are doctors and clinics close to where you live?

- Are there services or benefits offered by one company and not another that are appealing to you?

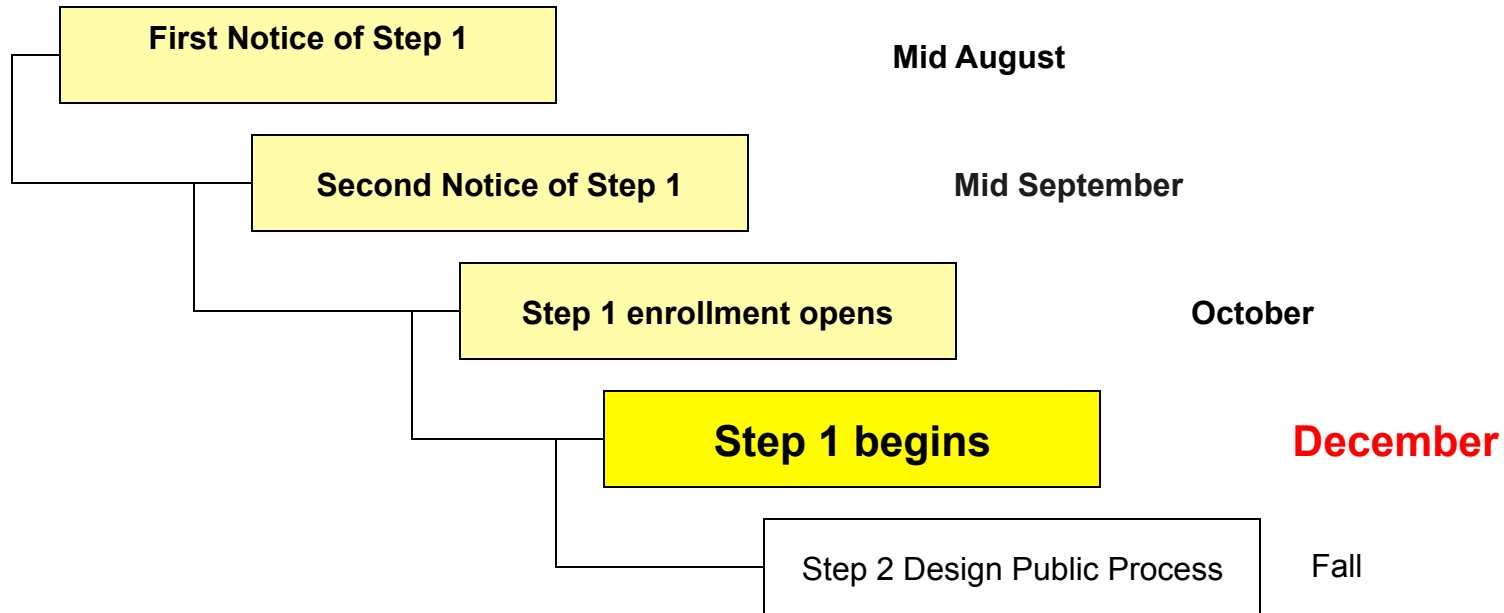
- Check to see if they are on a managed care company's list.
- Check to see if they are on a company's list.
- This is important to look at on the companies' lists.
- This may make one company more appealing than another – if other parts are the same.



Will I choose my primary care doctor?

- Yes. You will be able to choose your doctor from the managed care company's group of health care providers.
 - Some providers may be in more than one plan.
- Your primary care doctor is your personal doctor
- Some people who have needs for specialty services will coordinate the services with their doctor and managed care company.
- You have to use providers listed in your managed care plan
 - Primary care doctors, clinics, pharmacies, hospitals, mental health providers, etc.

Care Management Timeline 2012



Program projected to begin in December



- The managed care companies help you see the right provider when you need to
 - Through their network of doctors, clinics, pharmacies, mental health providers, etc.
- All Medicaid populations enrolled in program (with some exceptions)



Step 2

- Specific elements of Step 2 have not been identified yet
 - DHHS has started working on this
- This fall DHHS will begin to reach out to all stakeholders for input on design of Step 2



What services are in Step 2?



**Community-Based
Medicaid Waiver
Services**

**Long Term Care
Services such as
Nursing Homes**



2012 Timeline Recap

- **August:** You'll get a letter from DHHS
- **September:** You'll get detailed managed care company information from us
- **October:** You can choose a health plan. If you don't choose a plan, we will pick one for you.
- **December:** The new program projected to begin

Note: If there are any changes to the timeline, DHHS will make announcements and provide updates

What if I want to change health plans?



- If you are not happy with your company, you can switch to another within the first 90 days
- There will be annual open enrollment periods



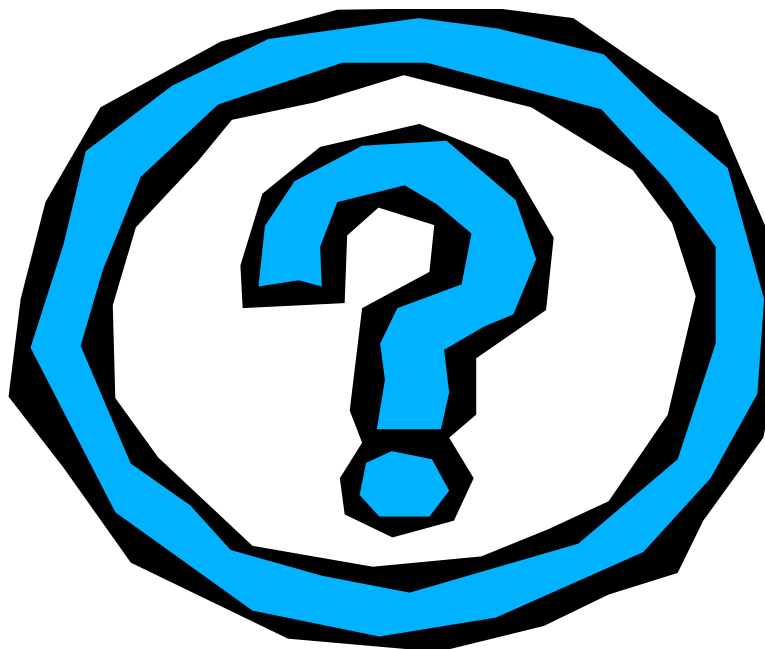
What will I do if I have a problem with the Health Plan (MCO)?



You will be given information when you enroll with the company about your rights and what to do should you have a problem.



Questions





For More Information

- Visit <http://www.dhhs.nh.gov/ocom/care-management.htm> for updates and this presentation
- Submit questions to:
nhmedicaidcaremanagement@dhhs.state.nh.us
- Website and toll free telephone number will be established in the coming months